

# WATER WELL RECORD Form WWC-5

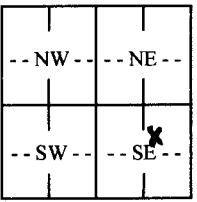
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

|                           |  |                             |                |                 |                         |
|---------------------------|--|-----------------------------|----------------|-----------------|-------------------------|
| 1 LOCATION OF WATER WELL: |  | Fraction                    | Section Number | Township Number | Range Number            |
| County: <u>Sedgewick</u>  |  | <u>SW 1/4 NE 1/4 SE 1/4</u> | <u>19</u>      | T <u>27</u> S   | R <u>1</u> E <u>X</u> W |

|                                                               |  |                                                                                                                                                                                              |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 WELL OWNER: Last Name: <u>Moagher</u> First: <u>Matthew</u> |  | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/> |
| Business: <u>10709 W. Meribean Ct</u>                         |  |                                                                                                                                                                                              |
| Address: <u>Wichita</u> State: <u>KS</u> ZIP: <u></u>         |  |                                                                                                                                                                                              |

|                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 LOCATE WELL WITH "X" IN SECTION BOX:<br>N<br><br>W<br>E<br>S<br>-----1 mile----- | 4 DEPTH OF COMPLETED WELL: <u>120</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <u>33</u> ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) .....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: <u>1.1</u> in. to ..... ft. and<br>..... in. to ..... ft. | 5 Latitude: ..... (decimal degrees)<br>Longitude: ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|                                                                                                                                                                    | 6 Elevation: ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                                                                               |                                                                                    |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 7 WELL WATER TO BE USED AS:                                                                                                                   |                                                                                    |                                                                                                       |
| 1. Domestic:<br><input type="checkbox"/> Household<br><input checked="" type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 2. <input type="checkbox"/> Irrigation                                             | 3. <input type="checkbox"/> Feedlot                                                                   |
| 4. <input type="checkbox"/> Industrial                                                                                                        | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 6. <input type="checkbox"/> Dewatering: how many wells? .....                                         |
|                                                                                                                                               | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | 8. <input type="checkbox"/> Monitoring: well ID .....                                                 |
|                                                                                                                                               | 9. Environmental Remediation: well ID .....                                        | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
|                                                                                                                                               | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | 11. Test Hole: well ID .....                                                                          |
|                                                                                                                                               | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
|                                                                                                                                               |                                                                                    | 12. Geothermal: how many bores? .....                                                                 |
|                                                                                                                                               |                                                                                    | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
|                                                                                                                                               |                                                                                    | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water        |
|                                                                                                                                               |                                                                                    | 13. <input type="checkbox"/> Other (specify): .....                                                   |

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: .....

Water well disinfected? ☒ Yes ☐ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other ..... CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 5 in. to 120 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface 10 in. Weight 160 lbs./ft. Wall thickness or gauge No. 24

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) .....

☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....

☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 24 ft. to 120 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....

Grout Intervals: From 4 ft. to 24 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:

☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage

☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well

☒ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well

☐ Other (Specify) .....

Direction from well? North Distance from well? 36' ft.

| 10 FROM | TO  | LITHOLOGIC LOG  | FROM   | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|-----|-----------------|--------|----|------------------------------------------|
| 0       | 2   | Top soil        |        |    |                                          |
| 2       | 12  | clay            |        |    |                                          |
| 12      | 39  | med fine Sand   |        |    |                                          |
| 39      | 54  | clay gravel mix |        |    |                                          |
| 54      | 86  | clay            |        |    |                                          |
| 86      | 120 | med sand        |        |    |                                          |
|         |     |                 | Notes: |    |                                          |
|         |     |                 |        |    |                                          |

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 6/7/13 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 6011 This Water Well Record was completed on (mo-day-year) 6/18/13.

under the business name of Chase Well